



REISSUE PATENT APPLICATION TRANSMITTAL		
ADDRESS TO: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No. 219974 First Named Inventor W. French Anderson Original Patent No. 5,399,346 Original Patent Issue Date (Month/Day/Year) 3/21/1995 Express Mail Label No. EV 329735426 US	
APPLICATION FOR REISSUE OF: <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent <i>(Check applicable box)</i>		
APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> Transmittal Form with Fee 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (<i>amended, if appropriate</i>) 4. <input checked="" type="checkbox"/> Drawing(s) (<i>proposed amendments, if appropriate</i>) 5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (<i>original or copy</i>) 6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (<i>If Yes, check applicable box(es)</i>) <input checked="" type="checkbox"/> Written Consent of all Assignees <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney	7. <input checked="" type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c) 8. Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55) 9. <input type="checkbox"/> Foreign Priority Claim (35 USC 119) (<i>If applicable</i>) 10. <input type="checkbox"/> Information Disclosure Statement (IDS) <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of Listed Documents 11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (<i>If applicable</i>) 12. <input checked="" type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (<i>Should be specifically itemized</i>) 14. <input checked="" type="checkbox"/> Other: Application Data Sheet Offer to Surrender Original Patent	

Instructions for Calculating Claim Fees:

If Total Claims In Patent is greater than 20, use Number Filed In Reissue Application minus Total Claims In Patent; if Claims In Patent is less than 20, use Number Filed In Reissue Application minus 20.

CLAIMS AS FILED - PART 1					
BASIC FEE					\$750.00
	CLAIMS IN PATENT	NUMBER FILED IN REISSUE APPLICATION	NUMBER EXTRA	RATE	
TOTAL CLAIMS	49	33		x\$18.00	\$ 18.00
INDEPENDENT CLAIMS	1	2		x\$84.00	\$ 84.00
Total of above calculations =					\$852.00
Reduction by 50% for filing by small entity =					(\$)
TOTAL =					\$852.00

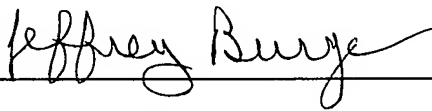
CLAIMS AS AMENDED - PART 2					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE	
TOTAL CLAIMS	-			x\$18.00	\$
INDEPENDENT CLAIMS	-			x\$84.00	\$
Total of above calculations =					\$
Reduction by 50% for filing by small entity =					(\$)
TOTAL =					\$

REISSUE PATENT APPLICATION TRANSMITTAL

Patent No. 5,399,346
 Client Reference No. DHHS E-189-89/2
 Attorney Docket No. 219974

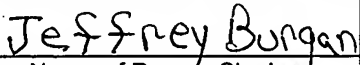

18. ☒ Please charge my Deposit Account No. 12-1216 in the amount of \$834.00. A duplicate copy of this sheet is enclosed.
19. ☐ A check in the amount of \$ is enclosed.
20. The Commissioner is hereby authorized to credit overpayments or charge any additional fees of the following types to Deposit Account No. 12-1216:
- a. ☒ Fees required under 37 CFR 1.16.
 - b. ☒ Fees required under 37 CFR 1.17.

21. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number: 23460 <div style="text-align: center; font-size: 1.2em;">23460</div>		<input type="checkbox"/> , Reg. No. Leydig, Voit & Mayer, Ltd. Two Prudential Plaza, Suite 4900 180 North Stetson Chicago, Illinois 60601-6780 Telephone: (312) 616-5600 Facsimile: (312) 616-5700
Name	Jeffrey B. Burgan, Reg. No. 35,463	
Signature		
Date	November 4, 2003	

Certificate of Mailing Under 37 CFR 1.10

I hereby certify that this Reissue Patent Application Transmittal and all accompanying documents are being deposited with the United States Postal Service "Express Mail Post Office To Addressee" Service under 37 CFR 1.10 on the date indicated below and is addressed to: Mail Stop Reissue, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

		November 4, 2003
Name of Person Signing	Signature	Date

Reissue Transmittal (Revised 5/1/03)